



AXA General Insurance Hong Kong Limited
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Wong Chuk Hang, Hong Kong



(852) 2523 3061



travel.claims@axa.com.hk



www.axa.com.hk

OVERSEAS STUDENT CARE INSURANCE CLAIM FORM

前程錦繡升學保險索償表

Claim Procedures and Notes:

1. Claim application must be notified and submitted with signature within **30** days of the occurrence of the incident/ loss/ accident/ illness or **14** days from the return of the Insured Student to Hong Kong.
(Section **1, 2 & 3** are compulsory information for all claims)
2. Please prepare and submit the relevant documents.
(Refer to Page **5 & 6**)
3. The final decision on the claims(s) settlement will be subject to the coverage, terms and conditions of the policy issued by AXA General Insurance Hong Kong Limited ("AXA")
4. Please submit the claim application to us via email to travel.claims@axa.com.hk

索償程序及備註：

1. 索償申請必須在事件 / 損失 / 意外 / 疾病發生 **30** 日內或回港後 **14** 天內填寫索償表格。
(任何索償申請都必須填寫 **1, 2 及 3** 部)
2. 請提供有關證明文件(參閱第 **5 及 6** 頁)。
3. 本索償將會以閣下之保單內容及保單條款為準，閣下之保單由安盛保險有限公司(下稱“AXA 安盛”)承保。
4. 請電郵至 travel.claims@axa.com.hk

1. POLICYHOLDER INFORMATION 保單持有人資料

Full Name 姓名		Policy No. 保單號碼	
HK Contact Phone No. 香港聯絡電話號碼		Email Address 電郵地址	
HK Correspondence Address 香港通訊地址			

2. INSURED STUDENT / CLAIMANT PARTICULARS 受保學生 / 索償人資料

Name of Insured Student 受保學生姓名		Date of Birth 出生日期	
Contact Phone No. 聯絡電話號碼		Email Address 電郵地址	
Studying Country / Address 留學國家 / 地址			

3. INCIDENT / LOSS / ACCIDENT / ILLNESS PARTICULARS (REQUIRED) 事件 / 損失 / 意外 / 疾病資料 (必須填寫)

Place of Incident 事件發生地點			
Date 日期	Time 時間	AM / PM 上午 / 下午	Amount Claimed 索償金額
Type of Loss / Accident 索償類別	<input type="checkbox"/> Medical Expenses 醫療費用 <input type="checkbox"/> Personal Accident 個人意外 <input type="checkbox"/> Baggage and Personal Effects/Personal Money and Travel Documents 行李及個人財物 / 遺失現金及旅遊證件 <input type="checkbox"/> Overseas Residence Guard/Temporary Accommodation 海外家居保障/臨時住宿 <input type="checkbox"/> Personal Liability 個人責任 <input type="checkbox"/> Travel Delay, Trip Re-routing, and Missed Connection 旅程延誤、更改行程、錯過銜接交通工具 <input type="checkbox"/> Baggage Delay 行李延誤 <input type="checkbox"/> Loss of Deposit or Cancellation and Curtailment 損失訂金或取消 / 提早結束旅程 <input type="checkbox"/> Others 其他		

Description of the incident/loss/accident/illness/others 事件/損失/意外/疾病/其他之詳情	
Name and contact details of witness, if any 目擊者姓名及聯絡資料 (如有)	

ONLY COMPLETE RELEVANT SECTIONS PERTAINENT TO YOUR CLAIM
只須填寫有關索償的部份

4a. MEDICAL EXPENSES / PERSONAL ACCIDENT DETAILS 醫療費用 / 人身意外資料

Name of Injury / Illness 受傷 / 疾病性質	
Has the Insured Student ever suffered from this or similar illness, or is it a recurrence of a previous injury or illness? 受保學生是否曾經患上此類或類似之疾病，或此受傷 / 疾病是否舊傷 / 舊病復發？ If “Yes”, please give full details 如「是」，請列明詳細	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Was the Insured Student hospitalized overseas as a result of this injury or illness? 受保學生是否因此次受傷或疾病而於海外住院？ If “Yes”, please state 如「是」，請註明	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Is the Insured Student fully recovered? 受保學生是否已經完全康復？ If “No”, please state the treatment(s) currently receiving 如「否」，請說明現時接受的治療	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

4b. HOUSEHOLD CONTENTS AND PERSONAL BELONGINGS (OVERSEAS) DETAILS 海外家居及個人財物資料

Has the Insured Student reported to the police at the place of loss? 受保學生是否已向當地警方報案？ If “Yes”, please state 如「是」，請註明	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Address and contact no. of the police station 有關警署之地址及聯絡電話	Report no. 報案號碼
Has the Insured Student lodged a claim or complaint against any carrier / airline / hotel or other institution for the loss or damage to the property? 受保學生是否已就遺失或損毀財物向承運商 / 航空公司 / 酒店或其他機構索償或投訴？ If “Yes”, please state 如「是」，請註明	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Name of carrier / airline / hotel / institution 承運商 / 航空公司 / 酒店 / 機構名稱	Claim no. 索償號碼
Details of the claim / complaint 索償 / 投訴詳情	

Please provide details of items claimed 請詳細列明申領賠償項目

Item / description 項目名稱	Place, date and original purchase price 購買地點、日期及原價	Amount claimed 申領賠償金額
1.		
2.		
3.		
4.		
5.		

Total: HKD \$
總數: 港幣 \$

4c. PERSONAL LIABILITY DETAILS 個人責任資料

Nature and extent of injury or damage 受傷或損毀性質及程度	Name of the injured person / third party property owner 傷者 / 第三者物主姓名
Whose negligence caused the accident? 誰人疏忽引致是次意外?	

4d. TRAVEL DELAY & ADDITIONAL BENEFITS LOSS DETAILS 旅程延誤及額外保障損失資料

When was the trip booked 旅程預訂日期			
Scheduled departure date 原定離境日期		Scheduled return date 原定回程日期	
Date of trip cancelled / curtailed 旅程取消 / 縮短日期		Actual return date 實際回程日期	

5. CLAIM PAYMENT METHOD 收取索償款項提示

- If the claim payment method "Autopay to bank account" is chosen,
 - please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
 - For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)/AXA General Insurance Hong Kong Limited ("AXA").
 - For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial banking saving/current accounts will be accepted by AXA.
 - AXA will only pay/transfer Hong Kong Dollars to the designated bank account.
 - If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
- If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by AXA from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
- AXA reserves the right to determine the claim payment method at its absolute discretion.
- 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項，
 - 請同時提交印有投保人／受保人／合資格人士／索償人士全名及銀行戶口號碼之戶口證明 (如銀行存摺或自動櫃員機卡或銀行月結單副本等)。
 - 投保人／受保人／合資格人士／索償人士是個人客戶，安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / 安盛保險有限公司 (「AXA 安盛」) 只接受個人銀行儲蓄／支票戶口。
 - 投保人／受保人／合資格人士／索償人士是公司客戶，AXA 安盛只接受公司銀行儲蓄／支票戶口。
 - AXA 安盛將支付／轉賬港元到指定的銀行賬戶。
 - 如銀行轉賬被拒絕或不成功，款項將以支票形式寄予投保人／受保人／合資格人士／索償人士於索償書上所提供的地址，而恕不另行通知。
- 如索償款項的貨幣不是保單貨幣，該款項可能會受 AXA 安盛不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。
- AXA 安盛保留權利自行決定其索償款項的付款方式。

I/WE hereby request and authorize AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)/AXA General Insurance Hong Kong Limited to pay benefit due in respect of this claim by (Please "✓" the appropriate box to indicate your choice):
我／我們在此要求並授權安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / 安盛保險有限公司用以下方式支付索償款項 (請以 "✓" 作出選擇)：

- Cheque (to be drawn in Hong Kong Dollar) 支票 (以港元結算支付款項)
- Cheque (To be drawn in Policy Currency which is non-Hong Kong Dollar) 支票 (以非港元保單貨幣結算支付款項)
- Autopay* to bank account (By HKD) 自動轉賬*至銀行戶口(以港元結算)

* Please fill in Part below 請填妥以下部分

Bank Account Information 銀行戶口資料

Name of Bank 銀行名稱			
Full Name in English of Account Holder(s) 銀行戶口持有人的名稱			
Bank Account No. 銀行戶口號碼	Bank Code 銀行編號	Branch Code 分行編號	Account No. 戶口號碼

6. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“our affiliates”) or our business partners, and administering, maintaining, managing and operating such products/services; 2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates; 3. providing subsequent services to you, including but not limited to administering the policies issued; 4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates); 6. evaluating your financial needs; 7. designing products/services for customers; 8. conducting market research for statistical or other purposes; 9. matching any data held which relates to you from time to time for any of the purposes listed herein; 10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; 11. conducting identity and/or credit checks and/or debt collection; 12. complying with the laws of any applicable jurisdiction; 13. carrying out other services in connection with the operation of the Company’s business; and 14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong; 2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 4. credit reference agencies or, in the event of default, debt collection agencies; 5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; 6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and 7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA General Insurance Hong Kong Limited

5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

安盛保險有限公司（下稱“本公司”）明白其就《個人資料（私隱）條例》（香港法例第 486 章）（“條例”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的（“有關目的”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴之產品／服務，以及提供、維持、管理和操作該等產品／服務；2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求；3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；5. 偵測和防止欺詐行為(無論是否與就本公司及／或安盛關聯方提供的產品／服務有關)；6. 評估閣下的財務需求；7. 為客戶設計產品／服務；8. 為統計或其他目的進行市場研究；9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；11. 進行身份和／或信用核查和／或債務追收；12. 遵守任何適用的司法管轄區的法律；13. 開展與本公司業務經營有關的其他服務；及 14. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；2. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；3. 在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；4. 信貸資料機構(在出現拖欠還款的情況下)追討欠款公司；5. 本公司權利或業務的任何實際或建議的承讓方、受讓方、參與者或次參與者；6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及 7. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

7. DECLARATION AND AUTHORISATION 聲明及授權

- I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the “Company”) is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
- I/WE, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Company; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
- I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

1. 本人／我們謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人／我們親手所寫，就本人／我們所知所信，均為事實全部並確實無訛；(2) 本人／我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，安盛保險有限公司(「貴公司」)不須受其約束。
2. 本人／我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人／我們之紀錄者，均可將該等資料提供給貴公司；(2) 貴公司或任何其指定之醫生或化驗所，可就此賠償申請替本人／我們進行所需之醫療評估及測試，作為審核本人／我們之索償。此授權對本人／我們之繼承人具有約束力；即使本人／我們身故或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
3. 本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明《該聲明》。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀《該聲明》，而本人／我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人／我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人／我們特此確認並同意貴公司根據《該聲明》使用及轉移本人／我們的個人資料。

Signature of Insured Person/Claimant Or Signature of Policyholder (if Claimant is under 18 years old) 受保人／索償人簽署或 保單持有人簽署 (如索償人未滿 18 歲)	Date (dd/mm/yyyy) 日期 (日/月/年)

8. DOCUMENT CHECKLIST 所需文件指引


Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim. 請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Documents Required (Please ✓ against the documents you have submitted) 所需文件 (請✓您所提交的文件)	
All Claims <input type="checkbox"/> Duly completed and signed Overseas Student Care Insurance Claim Form <input type="checkbox"/> Copy of the Insured Student's ID Card / Passport <input type="checkbox"/> Copy of the Policyholder's ID Card / Passport and Insured Student's birth certificate (if the Policyholder submit the claim for your child) <input type="checkbox"/> The school admission document issued by the Overseas Education Institution	任何索償 <input type="checkbox"/> 填妥及已簽署的前程錦繡升學保險索償表 <input type="checkbox"/> 受保學生之身分證 / 護照副本 <input type="checkbox"/> 保單持有人之身分證 / 護照副本，及受保學生的出生證明書副本 (如保單持有人代子女申領索償) <input type="checkbox"/> 由海外教育機構發出的正式入學證明文件
(Plus) As applicable below (額外所需文件) 如適用：	
1. Medical Expenses <input type="checkbox"/> Medical certificates / medical reports <input type="checkbox"/> Medical referral letters <input type="checkbox"/> Hospital and medical bills / receipts <input type="checkbox"/> Receipts for other claim expenses	1. 醫療費用 <input type="checkbox"/> 醫療證明 / 醫療報告 <input type="checkbox"/> 醫療診治轉介信 <input type="checkbox"/> 住院及醫療費用收據 <input type="checkbox"/> 其他索償費用收據
1a. Parent Annual Leave Compensation <input type="checkbox"/> Letter issued by the employer of the Insured Student's parents confirming their annual leave period in 5 consecutive days for the purpose of compassionate visit	1a. 家長年假補償 <input type="checkbox"/> 受保學生家長之僱主發出的連續五個工作天之年假批核書
1b. Rehabilitation Travel Expenses / Convalescence Assistance <input type="checkbox"/> Hospital bill to showing the confinement in excess of five (5) consecutive days <input type="checkbox"/> Payment receipt for reasonable transportation expenses of seeking follow-up treatment <input type="checkbox"/> Accommodation expenses for convalescence Overseas after discharge	1b. 復康之交通或住宿費用 <input type="checkbox"/> 連續五日或以上之住院證明 <input type="checkbox"/> 覆診之交通費用單據 <input type="checkbox"/> 康復期之住宿費用單據(海外)
1c. Compassionate Cash <input type="checkbox"/> Death Certificate	1c. 撫恤金 <input type="checkbox"/> 死亡證
2a. Personal Accident <input type="checkbox"/> Medical certificates / medical reports <input type="checkbox"/> Death certificate (for death claim) <input type="checkbox"/> Medical Certificate confirming the Insured Person is permanently disabled	2a. 個人意外 <input type="checkbox"/> 醫療證明 / 醫療報告 <input type="checkbox"/> 死亡證 (如申領死亡索償) <input type="checkbox"/> 醫療證明已確認受保人是永久性殘疾
2b. Education Fund <input type="checkbox"/> Medical report of the insured student's parent or guardian <input type="checkbox"/> Proof of relationship between Insured Student's parent or guardian and the Insured Student	2b. 教育基金 <input type="checkbox"/> 受保學生家長或監護人之醫療報告 <input type="checkbox"/> 受保學生家長 / 監護人與受保學生的關係證明文件


<p>3a. Personal Belongings</p> <p><input type="checkbox"/> Loss or damage reports from relevant institutions. E.g. police, carrier, airline, hotel</p> <p><input type="checkbox"/> Photos of the property damaged and / or scene of the incident</p> <p><input type="checkbox"/> Purchase receipts / warranties of property damaged</p> <p><input type="checkbox"/> Repair quotations for property damaged, if any</p> <p><input type="checkbox"/> Receipts of claimed expenses</p>	<p>3a. 個人財物</p> <p><input type="checkbox"/> 有關機構 (例如: 警局、承運商、航空公司或酒店) 發出的遺失或損毀報告</p> <p><input type="checkbox"/> 受損毀物品及或事件現場的相片</p> <p><input type="checkbox"/> 所有損毀物品的單據 / 保用證</p> <p><input type="checkbox"/> 受損物品維修報價單(如有)</p> <p><input type="checkbox"/> 索償費用收據</p>
<p>3b. Temporary Accommodation</p> <p><input type="checkbox"/> Relevant authority report, e.g. police report supporting the reason for the overseas premises of the Insured Student being rendered uninhabitable</p> <p><input type="checkbox"/> Receipts for the cost of temporary accommodation and/or additional expenses at a hotel, lodging house or boarding house</p>	<p>3b. 臨時住宿</p> <p><input type="checkbox"/> 有關機構(例如: 警局)發出的報告證明受保學生之海外住所暫時無法居住的原因</p> <p><input type="checkbox"/> 暫住酒店、公寓或宿舍之住宿及其他費用的收據</p>
<p>3c. Money / Unauthorized Use of Credit Cards</p> <p><input type="checkbox"/> Police report</p> <p><input type="checkbox"/> Credit card/bank statement showing unauthorized transactions</p> <p><input type="checkbox"/> Foreign Exchange rate bill / receipts</p>	<p>3c. 金錢 / 信用卡盜用</p> <p><input type="checkbox"/> 警方報告</p> <p><input type="checkbox"/> 詳列未經授權的交易之信用卡賬單 / 銀行對賬單</p> <p><input type="checkbox"/> 外幣對換單據</p>
<p>4. Personal Liability</p> <p><input type="checkbox"/> Any correspondence, summons, writ in relation to the incident UNANSWERED</p> <p><input type="checkbox"/> Incident report from the relevant authority, e.g. police report</p>	<p>4. 個人責任</p> <p><input type="checkbox"/> 所有法庭傳票、告票或有關文件(請不要回覆有關文件)</p> <p><input type="checkbox"/> 警方 / 有關機構之事故報告</p>
<p>5. Study Interruption</p> <p><input type="checkbox"/> Medical report certifying the Insured Student is unable to continue his / her education due to serious injury or illness</p> <p><input type="checkbox"/> Confirmation from overseas education institution showing the period of absence and the amount of irrecoverable portion of forfeited tuition fee</p> <p><input type="checkbox"/> Receipts for additional tuition fee for re-attending missed course after recovery, if any</p>	<p>5. 學業中斷</p> <p><input type="checkbox"/> 醫療報告證明受保學生因重傷或重病不能繼續學業</p> <p><input type="checkbox"/> 由海外教育機構發出的文件證明受保學生缺課日期及不能退回的已繳交之學費數目</p> <p><input type="checkbox"/> 重讀的學費收據 (如有)</p>
<p>6a. Travel delay / Missed Connection / Trip Re-route</p> <p><input type="checkbox"/> Copies of boarding passes, air tickets, etc. that confirm departure and return dates</p> <p><input type="checkbox"/> Confirmation from airline / carrier certifying the reason of re-route / delay and the number of hours of delay</p> <p><input type="checkbox"/> Receipts of claimed expenses, e.g. additional transportation, overnight accommodation, purchase of essential items</p>	<p>6a. 行程延誤 / 錯過銜接交通工具 / 更改行程</p> <p><input type="checkbox"/> 登機證、機票及其他能證實離境及回出發地日期的文件副本</p> <p><input type="checkbox"/> 航空公司 / 客運機構發出的旅程更改 / 延誤原因及時間之證明文件</p> <p><input type="checkbox"/> 額外支付的交通及住宿費用收據 / 購買必需品費用的收據</p>
<p>6b. Baggage Delay</p> <p><input type="checkbox"/> Confirmation from airline / carrier certifying the reason of re-route / delay and the number of hours of delay</p> <p><input type="checkbox"/> Purchase receipt(s) of essential items</p>	<p>6b. 行李延誤</p> <p><input type="checkbox"/> 航空公司 / 客運機構發出的旅程更改 / 延誤原因及時間之證明文件</p> <p><input type="checkbox"/> 購買必需品費用的收據</p>
<p>6c. Trip Cancellation / Curtailment</p> <p><input type="checkbox"/> Copies of boarding passes. Air tickets, etc. that confirm departure and return dates</p> <p><input type="checkbox"/> Documents supporting the reason(s) for cancellation or curtailment of the trip and/or duration of the delay, e.g. airline / carrier certificate, medical certificate</p> <p><input type="checkbox"/> Receipts for any prepaid travelling and accommodation expenses</p> <p><input type="checkbox"/> Documents proving the non-refundable amount of travel expenses paid in advance / air-mileage redemption</p> <p><input type="checkbox"/> Receipts for the additional travelling and accommodation expenses incurred</p>	<p>6c. 取消 / 提早結束旅程</p> <p><input type="checkbox"/> 登機證、機票及其他能證實離境及回出發地日期的文件副本</p> <p><input type="checkbox"/> 旅程取消 / 縮短原因及 / 或時間長短的證明文件, 如航空公司 / 客運機構發出之證明、醫療證明</p> <p><input type="checkbox"/> 預繳住宿及交通費用收據</p> <p><input type="checkbox"/> 不獲退回預繳旅程費用 / 飛行里數兌換價值的證明文件</p> <p><input type="checkbox"/> 額外支付的交通及住宿費用收據</p>

9. TRACK YOUR CLAIM STATUS 了解您的索償進度

Once your claim is registered, you will be updated through Email or Post. If you have any query on your claim, please reach us at 當我們收到您的索償申請, 您將收到電郵或郵件了解索償進度。如果您對您的索償有任何疑問, 請聯絡我們

 (852)2523 3061

 www.axa.com.hk (Claims Section)

 travel.claims@axa.com.hk

AXA is committed to making your Overseas Student Care Insurance claim process as easy and stress-free as possible.

Thank you for insuring with us. We are always glad to be of service.

安盛致力使您的前程錦繡升學保險索償過程輕鬆簡單。感謝您與我們投保。我們很高興為您服務的。